

TABLE 1

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held

TABLE 2

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

TABLE 3

Name Of Licensing Authority	Date Of Action

TABLE 4

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

TABLE 5

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					

TABLE 6

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

TABLE 7

Nature of charge or arrest	Date of charge or arrest	Name & location of court involved	Disposition	Date	Felony or misdemeanor

TABLE 8

Number and Street	City	State	ZIP	From:	To:

TABLE 9

Name and Address	Type of Account	Name of Account	Account Number(s)

TABLE 10

Name	Date of Birth	Home Address	% of Ownership	Title/Position
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		

TABLE 11[illegible]